

**Durham City/County Planning  
Zoning Map Change Application**

<b>Submittal Date:</b> 1/10/2011	<b>Case Number:</b> Z1000002
<b>Requested Zone(s):</b> (include overlay) OI(D)	<b>Existing Zone(s):</b> (include overlay) RS-20
<b>PIN(s):</b> 0718-02-77-2025	<b>Total Site Area:</b> 2.69ac
<b>Street Address or Frontage:</b> 326 NC HWY 54	<b>Jurisdiction:</b> <input type="checkbox"/> County (check one) <input checked="" type="checkbox"/> City <input type="checkbox"/> City and County
<b>Project Name:</b> NC 54 MEDICAL CLINIC	


**Comprehensive Plan:**

(Tier) SUBURBAN (Land Use Designation) Ex - RS-20 PROPOSED: OFFICE

**Summary of Proposed Development** (types of uses, number and type of residential units, square footage in non-residential buildings, etc):

15,500 SF OF ONE-STORY OFFICE BUILDINGS & ASSOCIATED PARKING.

**Applicant**

<b>Contact Name AND Business Name if applicable:</b> TIM SIVERS - HORVATH ASSOCIATES, PA			 Applicant Signature
<b>Address:</b> 16 CONSULTANT PLACE			
<b>City:</b> DURHAM	<b>State:</b> NC	<b>Zip Code:</b> 27707	
<b>Phone:</b> 919-490-4990	<b>Fax:</b> 490-8953	<b>Email:</b> TIM.SIVERS@HORVATHASSOCIATES.COM	

**Agent (if any)**

<b>Contact Name AND Business Name if applicable:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	Agent Signature
<b>Phone:</b>	<b>Fax:</b>		
<b>Email:</b>			

**Property Owner(s) (Attach a separate sheet if more space is necessary)**

<b>Name:</b> CBMG NC REALTY LLC			<b>Phone:</b>
<b>Address:</b> 32 COURT STREET 19TH FL			<b>Fax:</b>
<b>City:</b> BROOKLYN	<b>State:</b> NY	<b>Zip Code:</b> 11201	<b>Email:</b>

<b>Name:</b>			<b>Phone:</b>
<b>Address:</b>			<b>Fax:</b>
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Email:</b>

<b>Name:</b>			<b>Phone:</b>
<b>Address:</b>			<b>Fax:</b>
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Email:</b>

**Contacts**

Development Plan prepared by:

HORVATH ASSOCIATES, PA

Phone:

490-4990

Email:

TIM.SIVERS@HORVATHASSOCIATES.C

Stormwater Impact Analysis prepared by:

SAME AS ABOVE

Phone:

Email:

Traffic Impact Analysis prepared by:

N/A

Phone:

Email:

Building Design Guidelines/Elevations prepared by:

SAME AS ABOVE

Phone:

Email:

Resource Features Analysis prepared by:

SAME AS ABOVE

Phone:

Email:

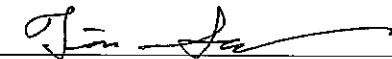
**Application Checklist**

Each item on the following submittal checklist is to be initialed by the Applicant and/or the Agent, indicating that:

- the item is part of the submittal package;
- the item is complete; and
- the information is accurate

A submittal package with items not initialed, or otherwise incomplete or inaccurate, will not be accepted. An application shall be considered to have been accepted for review only after it has been determined to be complete in accordance with Section 3.2.4 of the Unified Development Ordinance, not upon submission to the Planning Department.

I, the undersigned, acknowledge that the application is complete and that all information included is accurate to the best of my knowledge:

  
 Signature

 1/5/2011  
 Date

 TIM SIVERS  
 Printed Name

APPLICATION ITEM	APPLICANT/AGENT INITIAL	STAFF ACCEPTANCE
1. Application	TS	TS
2. Owner's Acknowledgement Form for each parcel— <b>must include original signature for all owners of record</b> Forms included: (#) <u>1</u>	TS	TS
3. Pre-Submittal Conference form	TS	TS
4. Boundary Map of Area	TS	TS
5. Legal Description	TS	TS

**If submitting with a development plan items 6 – 10 apply:**

6. Development Plan Checklist	TS	AW
7. 12 Sets of Full Size Plans	TS	AW
8. Legible Plan Reduction (11" X 17")	TS	AW
9. Stormwater Checklist, 2 copies or memo from City or County Stormwater Management	TS	AW
10. Traffic Impact Analysis, 3 copies -or- a memo from the City Transportation Division stating a TIA is not required.	TS	AW
<b>If applicable:</b>		
12. Copy of Annexation Request Transmittal (if applicable; it must be filed prior to the zoning map change submittal)	/	—
13. Has a Land Use Plan Amendment been filed? <b>YES</b>  If so, case # _____ (to be completed at time of submittal)	TS	AW
14. Neighborhood Meeting Materials (sign-up sheet from the meeting, summary of the issues raised, description of how the proposal addresses the issues, copy of meeting notification, list of those notified, copies of materials distributed)	TS	AW
<b>For all applications:</b>		
15. Filing Fee: \$	TS	